

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

6611

1. PLACE OF DEATH

County New Madrid

Registration District No. 55

Township Gideon

Primary Registration District No. 4033

City Gideon (No.)

File No. 10

Registered No. 1029

St. Ward

2. FULL NAME

(a) Residence, No. St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-19 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

2

14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gideon Mo

FATHER

13. NAME

Raymond Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo

MOTHER

15. MAIDEN NAME

Leusita Barker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

17. INFORMANT (ADDRESS) Raymond Adams Gideon Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Stanfield

DATE

Jan 4

1937

19. UNDERTAKER (ADDRESS) R. J. Meendermeyer Gideon

20. FILED

Mar 10

1933

M. J. Munnica

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3-1938

22. I HEREBY CERTIFY, That I attended deceased from 2-1-1933 to 2-3-1933

I last saw deceased alive on 1-3-1933 Death is said

to have occurred on the date stated above, at 10 P. M.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset

107H

Other contributory causes of importance:

23. Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. Munnica, M. D.

(Address)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

